

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MISSOURI

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**David**

First name

**Charles**

Middle name

**Williams, III**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

**Karen**

First name

**Kay**

Middle name

**Williams**

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

**David C. Williams, III**

Include your married or maiden names.

**FKA Karen Kay Garfit**

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-7333**

**xxx-xx-0703**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business name or EINs.

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**965 E 420th Rd.  
Bolivar, MO 65613**

Number, Street, City, State & ZIP Code

**Polk**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**  No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**  No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **David Charles Williams, III**  
 Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ David Charles Williams, III

**David Charles Williams, III**

Signature of Debtor 1

/s/ Karen Kay Williams

**Karen Kay Williams**

Signature of Debtor 2

Executed on November 27, 2019  
 MM / DD / YYYY

Executed on November 27, 2019  
 MM / DD / YYYY

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number *(if known)*

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Marc D. Licata**

Signature of Attorney for Debtor

Date

**November 27, 2019**

MM / DD / YYYY

**Marc D. Licata**

Printed name

**Licata Bankruptcy Firm, P.C.**

Firm name

**1442 E. Bradford Parkway  
Springfield, MO 65804**

Number, Street, City, State & ZIP Code

Contact phone **417-887-3328**

Email address

**bankruptcy@licatalawfirm.com**

**Mo #54957 MO**

Bar number & State

**United States Bankruptcy Court  
Western District of Missouri**

In re **David Charles Williams, III  
Karen Kay Williams**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>1,500.00</b>
Prior to the filing of this statement I have received .....	\$ <b>605.00</b>
Balance Due .....	\$ <b>895.00</b>

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor  Other (specify):

4. The source of compensation to be paid to me is:

Debtor  Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any adversarial proceeding or any service not provided for in the executed Rights & Responsibilities Agreement.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 27, 2019

Date

/s/ Marc D. Licata

**Marc D. Licata**

*Signature of Attorney*

**Licata Bankruptcy Firm, P.C.**

**1442 E. Bradford Parkway**

**Springfield, MO 65804**

**417-887-3328 Fax: 417-887-8091**

**bankruptcy@licatalawfirm.com**

*Name of law firm*

Battlefield City Hall  
5434 Tower Dr.  
Brookline MO 65619

Bobbie Coble  
7299 North farm Rd. 239  
Strafford MO 65757

Butterfield Pediatrics  
1165 N Butterfield Rd  
Bolivar MO 65613

Capital Investment Management  
111 Great Neck Rd  
Great Neck NY 11021

Central Bank of the Ozarks  
1800 S Glenstone Ave.  
Springfield MO 65804

Check N Go  
100 Commercial Drive  
Fairfield OH 45014

Citi Bank  
701 E. 60th St. N.  
Sioux Falls SD 57104

Citi Bank  
5219 City Bank Parkway  
Lubbock TX 79407

Citizens Memorial Clinic  
PO Box 939  
Bolivar MO 65613

City Utilities  
301 E. Central  
Springfield MO 65802

CMG Financial Services  
3555 S National Ave Suite 400  
Springfield MO 65807

CMH Hospital  
1500 north oakland  
Bolivar MO 65613

CMH Radiology  
1155 W Parkview St #1E  
Bolivar MO 65613

CMH Surgical Services  
1155 W Parkview St  
Bolivar MO 65613

CMH Urological Clinic  
1155 W Parkview St #2C  
Bolivar MO 65613

CMH Walk In Clinic  
2230 S. Springfield Ave.  
Suite H-J  
Bolivar MO 65613

Convergent Outsourcing  
800 SW 39th St  
PO Box 9004  
Renton WA 98057

Cox Health Urgent Care  
1000 E Primrose #400  
Springfield MO 65807

Cox Medical Center  
1423 N. Jefferson Avenue  
Springfield MO 65804

Cox Physicians Billing  
3555 S National Suite 400  
Springfield MO 65807

Credit Collection Services  
725 Canton St STE 1  
Dept. 9135  
Norwood MA 02062

Credit Commercial Services  
725 Canton St.  
Norwood MA 02062

Dallas County Medical Center  
201 S. Ash  
Buffalo MO 65622

Debbie McGinnis  
102 E Broadway St. #6  
Bolivar MO 65613

Dianna Forgey  
5451 S. 165th Rd.  
Brighton MO 65617

Direct TV  
PO Box 105503  
Atlanta GA 30348

Dish Network  
9601 S. Meridian Blvd  
Englewood CO 80112

Drury Property Management, LLC  
3236 E Ridgeview St.  
Springfield MO 65804

Empire Electric  
212 N Oakland Ave  
Bolivar MO 65613

Ferrell Duncan Clinic  
PO Box 9007  
Springfield MO 65807

First Premier Bank  
PO Box 5524  
Sioux Falls SD 57117

Geico  
5260 Western Ave.  
Chevy Chase MD 20815

GM Financial  
801 Cherry Street Ste. 3500  
Fort Worth TX 76102

GM Financial  
801 Cherry Street Ste.# 3500  
Fort Worth TX 76102

Great Southern Bank  
218 S. Glenstone  
PO Box 9009  
Springfield MO 65808

H&R Block  
1 H&R Block Way  
Kansas City MO 64105

Jefferson Capital Systems  
16 McLeland Road  
Saint Cloud MN 56303

Litton & Giddings Radidogical Associates  
4801 W. 110th St. Suite 100  
Leawood KS 66211

Lowther & Johnson  
901 St. Louis Street  
20th Floor  
Springfield MO 65806

LVNV Funding  
205 Bryant Woods  
Buffalo NY 14228

LVNV Funding  
505 33rd Ave W  
Cedar Rapids IA 52404

Marshfield Veterinary Clinic  
380 McNabb Rd.  
Marshfield MO 65706

MBNA America N.A.  
100 N Tryon St  
Charlotte NC 28255

Mediacom  
1533 Enterprise  
Springfield MO 65804

Milestone Credit Card  
PO Box 84059  
Columbus GA 31908

National Enterprise Systems  
2479 Edison Blvd Suite A  
Twinsburg OH 44087

Nationwide Insurance  
One Nationwide Plaza  
Columbus OH 43215

Ozark Anesthesia  
1000 E. Primrose  
Suite 520  
Springfield MO 65807

Pathology Services of Springfield  
520 E 22nd St.  
Lombard IL 60148

Portfolio Recovery  
PO Box 12914  
Norfolk VA 23541

Progressive Auto Insurance  
P.O. Box 31260  
Tampa FL 33631-3260

Regions Bank  
2927 S. Campbell  
Springfield MO 65807

Robert & Jennifer Schneider  
958 E. 420th Rd.  
Bolivar MO 65613

Robert Bros  
1616 E Buffalo St.  
Bolivar MO 65613

Ronald Taylor  
999 Cedarbrook  
Marshfield MO 65706

RPM LLC  
20816 44th Ave W  
Lynnwood WA 98036

Security Credit Services  
PO Box 9009  
Renton WA 98057

Security Financial  
2801 W. Chestnut Expressway  
Springfield MO 65802

Shannon & Stacey Beeler  
8607 St. Hwy. A  
Seymour MO 65746

Southwest Electric Corp.  
PO Box 150  
Bolivar MO 65613

Sprint  
6200 Sprint Parkway  
Overland Park KS 66251

Stellar Recovery  
PO Box 1259  
Oaks PA 19456

Sun Loan Company  
2762 S. Campbell Ave.  
Springfield MO 65807

Tempoe, LLC  
720 E Pete Rose Way STE 400  
Cincinnati OH 45202

Thompson Gas  
904 W Dallas St  
Buffalo MO 65622

Tower Loan  
846 MO 32  
Lebanon MO 65536

Transworld  
2135 E Primrose  
Springfield MO 65804

Transworld System  
2135 E Primrose  
Suite Q  
Springfield MO 65804

TSI  
500 Virginia Dr. Suite 514  
Fort Washington PA 19034

Wakefield & Associates  
830 E Platte Ave  
Fort Morgan CO 80701

Wakefield & Associates  
PO Box 58  
830 E. Platte Ave. Unit A  
Fort Morgan CO 80701

Web Bank/Fingerhut  
6250  
Ridgewood Rd  
Saint Cloud MN 56303

Windstream Communications  
1720 Galleria Blvd.  
Charlotte NC 28270

World Finance  
2760 S. Campbell  
Springfield MO 65807

**United States Bankruptcy Court  
Western District of Missouri**

In re David Charles Williams, III  
Karen Kay Williams

Debtor(s)

Case No.  
Chapter 7

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: November 27, 2019

/s/ David Charles Williams, III  
**David Charles Williams, III**  
Signature of Debtor

Date: November 27, 2019

/s/ Karen Kay Williams  
**Karen Kay Williams**  
Signature of Debtor

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MISSOURI	
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>17,005.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>17,005.00</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>5,897.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>5,897.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>330,257.92</b>
		<b>Your total liabilities</b> \$ <b>336,154.92</b>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>5,316.03</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>5,316.03</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>5,294.00</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>5,294.00</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 6,153.21

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DISTRICT OF MISSOURI</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: **Chevrolet**  
 Model: **Silverado**  
 Year: **2005**  
 Approximate mileage: **237,000**  
 Other information:

**Who has an interest in the property?** Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

**\$5,925.00** **\$5,925.00**

3.2 Make: **GMC**  
 Model: **Sierra**  
 Year: **1996**  
 Approximate mileage: **200000**  
 Other information:  
**Joint titled with son. Paid \$400 Feb 2019**

**Who has an interest in the property?** Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

**\$400.00** **\$200.00**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

3.3 Make: **Toyota**  
Model: **Matrix**  
Year: **2006**  
Approximate mileage: **107,000**Other information:  
**Salvage title. Paid \$3,500 on Craigslist July 2019.****Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?****Current value of the portion you own?****\$3,500.00****\$3,500.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes4.1 Make: **Flatbed Trailer**  
Model: **6 x 8**  
Year: **2016**Other information:  
**Frame is bent.****Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?****Current value of the portion you own?****\$400.00****\$400.00****5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>****\$10,025.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**washer, dryer, freezer,x 3, king bed set, full bed set, king mattress, dresser, lawn mower, couch, loveseat, 3 recliner chairs, kitchen table with chairs, small kitchen appliances and utensils, fishing pols and equipment, knick kancks, wall hangings, hand tools, bbq grill, weight bench, holiday decorations, 2 end tables, coffee table****\$3,875.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....**cell phones, 3 TV's, laptop computer, xbox, games, small nintendo, 3 dvd players****\$300.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

wearing apparel

\$250.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

wedding rings, necklace

\$700.00

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

1 dog  
1 cat

\$0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$5,125.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the

portion you own?

Do not deduct secured

claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash

\$3.00

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

Debtor 1 **David Charles Williams, III**  
 Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

17.1. Checking	checking hawthorn	\$155.00
----------------	----------------------	----------

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

**simple ira**

**simple ira  
Liming Cconcrete**

**\$897.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**

Debtor 1 **David Charles Williams, III**  
 Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

Do not deduct secured  
 claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**EIC & ACTC 2019 tax refund**

**federal**

**Unknown**

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**DSO Arrears - \$6914.10**

**Child Support**

**Unknown**

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
 value:

**term life x 2  
 Willow Health Care**

**debtor 1 and debtor 2**

**Unknown**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No

Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached  
 for Part 4. Write that number here.....**

**\$1,055.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

No  
 Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No  
 Yes. Describe.....

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No  
 Yes. Describe.....

**concrete finishing tools**

**\$800.00**

**41. Inventory**

No  
 Yes. Describe.....

**42. Interests in partnerships or joint ventures**

No  
 Yes. Give specific information about them.....  
Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

No.  
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
 No  
 Yes. Describe.....

**44. Any business-related property you did not already list**

No  
 Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$800.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	<b>\$0.00</b>
56. Part 2: Total vehicles, line 5	<b>\$10,025.00</b>
57. Part 3: Total personal and household items, line 15	<b>\$5,125.00</b>
58. Part 4: Total financial assets, line 36	<b>\$1,055.00</b>
59. Part 5: Total business-related property, line 45	<b>\$800.00</b>
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>
+	
62. Total personal property. Add lines 56 through 61...	<b>\$17,005.00</b>
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	<b>\$17,005.00</b>

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DISTRICT OF MISSOURI</b>			
Case number (if known) _____			

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
<b>2005 Chevrolet Silverado 237,000 miles</b> Line from <i>Schedule A/B: 3.1</i>	<b>\$5,925.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<b>1996 GMC Sierra 200000 miles Joint titled with son. Paid \$400 Feb 2019</b> Line from <i>Schedule A/B: 3.2</i>	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<b>2006 Toyota Matrix 107,000 miles Salvage title. Paid \$3,500 on Craigslist July 2019.</b> Line from <i>Schedule A/B: 3.3</i>	<b>\$3,500.00</b>	<input checked="" type="checkbox"/> <b>\$3,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<b>2016 Flatbed Trailer 6 x 8 Frame is bent.</b> Line from <i>Schedule A/B: 4.1</i>	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
washer, dryer, freezer,x 3, king bed set, full bed set, king mattress, dresser, lawn mower, couch, loveseat, 3 recliner chairs, kitchen table with chairs, small kitchen appliances and utensils, fishing poles and equipment, knick knacks, wall hangings, hand	\$3,875.00	<input checked="" type="checkbox"/> \$3,875.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(1)
Line from Schedule A/B: 6.1			
cell phones, 3 TV's, laptop computer, xbox, games, small nintendo, 3 dvd players	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(1)
Line from Schedule A/B: 7.1			
wearing apparel	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(1)
Line from Schedule A/B: 11.1			
wedding rings, necklace	\$700.00	<input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(2)
Line from Schedule A/B: 12.1			
Cash	\$3.00	<input checked="" type="checkbox"/> \$3.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(3)
Line from Schedule A/B: 16.1			
Checking: checking hawthorn	\$155.00	<input checked="" type="checkbox"/> \$155.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(3)
Line from Schedule A/B: 17.1			
simple ira: simple ira Liming Cconcrete	\$897.00	<input checked="" type="checkbox"/> \$897.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(10)(f)
Line from Schedule A/B: 21.1			
federal: EIC & ACTC 2019 tax refund	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(10)(a)
Line from Schedule A/B: 28.1			
Child Support: DSO Arrears - \$6914.10	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(10)(d)
Line from Schedule A/B: 29.1			
term life x 2 Willow Health Care Beneficiary: debtor 1 and debtor 2	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	RSMo § 513.430.1(7)
Line from Schedule A/B: 31.1			

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>		
<b>concrete finishing tools</b> Line from <i>Schedule A/B</i> : <b>40.1</b>	<b>\$800.00</b>	<input checked="" type="checkbox"/> <b>\$800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(4)</b>	

## 3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

## Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DISTRICT OF MISSOURI</b>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--	--	--

2.1	<b>Central Bank of the Ozarks</b> Creditor's Name	<b>Describe the property that secures the claim:</b> <b>2005 Chevrolet Silverado 237,000 miles</b>	<b>\$5,897.00</b>	<b>\$5,925.00</b>	<b>\$0.00</b>
-----	--	---	-------------------	-------------------	---------------

**1800 S Glenstone Ave.  
Springfield, MO 65804**

Number, Street, City, State & Zip Code

## Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred **2017**

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$5,897.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$5,897.00**

Write that number here:

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DISTRICT OF MISSOURI</b>			
Case number (if known) _____			

Check if this is an  
amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p><b>Battlefield City Hall</b> Nonpriority Creditor's Name <b>5434 Tower Dr.</b> <b>Brookline, MO 65619</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <b>2011</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Water Bill</b></p>

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.2	<b>Bobbie Coble</b> Nonpriority Creditor's Name <b>7299 North farm Rd. 239</b> <b>Strafford, MO 65757</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,218.00</b>
		When was the debt incurred? <b>2006</b>	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify <b>rent</b>	
	<input type="checkbox"/> Yes		
4.3	<b>Butterfield Pediatrics</b> Nonpriority Creditor's Name <b>1165 N Butterfield Rd</b> <b>Bolivar, MO 65613</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$244.80</b>
		When was the debt incurred? <b>2017</b>	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	
	<input type="checkbox"/> Yes		
4.4	<b>Central Bank of the Ozarks</b> Nonpriority Creditor's Name <b>1800 S Glenstone Ave.</b> <b>Springfield, MO 65804</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$6,901.06</b>
		When was the debt incurred? <b>2018</b>	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify <b>Overdraft Fees/Auto Loan</b>	
	<input type="checkbox"/> Yes		

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.5

**Check N Go**

Nonpriority Creditor's Name

**100 Commercial Drive  
Fairfield, OH 45014**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$6,965.02**When was the debt incurred? **2015****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify 2 Loans**

4.6

**Citi Bank**

Nonpriority Creditor's Name

**701 E. 60th St. N.  
Sioux Falls, SD 57104**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$3,889.79**When was the debt incurred? **2009****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Loan**

4.7

**Citi Bank**

Nonpriority Creditor's Name

**5219 City Bank Parkway  
Lubbock, TX 79407**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$2,004.54**When was the debt incurred? **2002****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Loan**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.8	<b>Citizens Memorial Clinic</b> Nonpriority Creditor's Name <b>PO Box 939 Bolivar, MO 65613</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$146.40</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>2018</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
4.9	<b>City Utilities</b> Nonpriority Creditor's Name <b>301 E. Central Springfield, MO 65802</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$555.44</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>2017</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	
4.1	<b>CMG Financial Services</b> Nonpriority Creditor's Name <b>3555 S National Ave Suite 400 Springfield, MO 65807</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$4,383.00</b>
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>2018</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.1  
1**CMH Hospital**

Nonpriority Creditor's Name

**1500 north oakland  
Bolivar, MO 65613**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical**

Last 4 digits of account number \_\_\_\_\_

**\$113,887.30**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.1  
2**CMH Radiology**

Nonpriority Creditor's Name

**1155 W Parkview St #1E  
Bolivar, MO 65613**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical**

Last 4 digits of account number \_\_\_\_\_

**\$293.08**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.1  
3**CMH Surgical Services**

Nonpriority Creditor's Name

**1155 W Parkview St  
Bolivar, MO 65613**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical**

Last 4 digits of account number \_\_\_\_\_

**\$73.11**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.1	<b>CMH Urological Clinic</b> Nonpriority Creditor's Name <b>1155 W Parkview St #2C</b> <b>Bolivar, MO 65613</b>	Last 4 digits of account number _____	\$1,368.00
4.1 4	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>2016</b>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
4.1 5	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	
4.1	<b>CMH Walk In Clinic</b> Nonpriority Creditor's Name <b>2230 S. Springfield Ave.</b> <b>Suite H-J</b> <b>Bolivar, MO 65613</b>	Last 4 digits of account number _____	\$627.24
4.1 5	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>2019</b>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
4.1 6	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	
4.1	<b>Cox Health Urgent Care</b> Nonpriority Creditor's Name <b>1000 E Primrose #400</b> <b>Springfield, MO 65807</b>	Last 4 digits of account number _____	\$138.02
4.1 6	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>2017</b>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
4.1 6	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.1  
7**Cox Medical Center**

Nonpriority Creditor's Name

**1423 N. Jefferson Avenue  
Springfield, MO 65804**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **medical bill**

Last 4 digits of account number \_\_\_\_\_

**\$14,980.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical bill**

4.1  
8**Dallas County Medical Center**

Nonpriority Creditor's Name

**201 S. Ash  
Buffalo, MO 65622**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical**

Last 4 digits of account number \_\_\_\_\_

**\$377.60**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.1  
9**Dianna Forgey**

Nonpriority Creditor's Name

**5451 S. 165th Rd.  
Brighton, MO 65617**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **judgment-rent**

Last 4 digits of account number \_\_\_\_\_

**\$595.00**When was the debt incurred? **2011**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **judgment-rent**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.2  
0**Direct TV**

Nonpriority Creditor's Name

**PO Box 105503****Atlanta, GA 30348**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$932.18**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **TV**

4.2  
1**Dish Network**

Nonpriority Creditor's Name

**9601 S. Meridian Blvd****Englewood, CO 80112**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$363.52**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Cable**

4.2  
2**Drury Property Management, LLC**

Nonpriority Creditor's Name

**3236 E Ridgeview St.****Springfield, MO 65804**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$2,371.45**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Rental**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.2  
3**Empire Electric**

Nonpriority Creditor's Name

**212 N Oakland Ave  
Bolivar, MO 65613**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Electric**

Last 4 digits of account number \_\_\_\_\_

**\$332.92**When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Electric**

4.2  
4**Ferrell Duncan Clinic**

Nonpriority Creditor's Name

**PO Box 9007  
Springfield, MO 65807**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical**

Last 4 digits of account number \_\_\_\_\_

**\$7,584.42**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.2  
5**First Premier Bank**

Nonpriority Creditor's Name

**PO Box 5524  
Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **2 Credit Cards**

Last 4 digits of account number \_\_\_\_\_

**\$889.12**When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **2 Credit Cards**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.2  
6**Geico**

Nonpriority Creditor's Name

**5260 Western Ave.****Chevy Chase, MD 20815**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Insurance**

Last 4 digits of account number \_\_\_\_\_

**\$97.86**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Insurance**4.2  
7**GM Financial**

Nonpriority Creditor's Name

**801 Cherry Street Ste. 3500****Fort Worth, TX 76102**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Repo**

Last 4 digits of account number \_\_\_\_\_

**\$17,055.74**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Repo**4.2  
8**GM Financial**

Nonpriority Creditor's Name

**801 Cherry Street Ste.# 3500****Fort Worth, TX 76102**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **repossession**

Last 4 digits of account number \_\_\_\_\_

**Unknown**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **repossession**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.2  
9**Great Southern Bank**

Nonpriority Creditor's Name

**218 S. Glenstone  
PO Box 9009  
Springfield, MO 65808**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$150.44**When was the debt incurred? **2010****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Checking**

4.3  
0**H&R Block**

Nonpriority Creditor's Name

**1 H&R Block Way  
Kansas City, MO 64105**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,788.75**When was the debt incurred? **2014****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Loan**

4.3  
1**Litton & Giddings Radiological Associates**

Nonpriority Creditor's Name

**4801 W. 110th St. Suite 100  
Leawood, KS 66211**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$295.00**When was the debt incurred? **2018****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.3  
2**Marshfield Veterinary Clinic**

Nonpriority Creditor's Name

**380 McNabb Rd.****Marshfield, MO 65706**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify judgment

**Last 4 digits of account number** \_\_\_\_\_**\$287.00****When was the debt incurred?** 2006**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify judgment

4.3  
3**MBNA America N.A.**

Nonpriority Creditor's Name

**100 N Tryon St****Charlotte, NC 28255**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify Loan

**Last 4 digits of account number** \_\_\_\_\_**\$353.06****When was the debt incurred?** 2000**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Loan

4.3  
4**Mediacom**

Nonpriority Creditor's Name

**1533 Enterprise****Springfield, MO 65804**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify Cable

**Last 4 digits of account number** \_\_\_\_\_**\$445.65****When was the debt incurred?** 2017**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Cable

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.3 5	<b>Milestone Credit Card</b> Nonpriority Creditor's Name <b>PO Box 84059</b> <b>Columbus, GA 31908</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$419.90</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>2019</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.3 6	<b>Nationwide Insurance</b> Nonpriority Creditor's Name <b>One Nationwide Plaza</b> <b>Columbus, OH 43215</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$389.02</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>2018</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Insurance</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.3 7	<b>Ozark Anesthesia</b> Nonpriority Creditor's Name <b>1000 E. Primrose</b> <b>Suite 520</b> <b>Springfield, MO 65807</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,128.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>2018</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.3  
8**Pathology Services of Springfield**

Nonpriority Creditor's Name

**520 E 22nd St.****Lombard, IL 60148**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Medical**

Last 4 digits of account number \_\_\_\_\_

**\$120.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

4.3  
9**Progressive Auto Insurance**

Nonpriority Creditor's Name

**P.O. Box 31260****Tampa, FL 33631-3260**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Insurance**

Last 4 digits of account number \_\_\_\_\_

**\$632.92**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Insurance**

4.4  
0**Regions Bank**

Nonpriority Creditor's Name

**2927 S. Campbell****Springfield, MO 65807**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No       Debts to pension or profit-sharing plans, and other similar debts  
 Yes       Other. Specify **Checking**

Last 4 digits of account number \_\_\_\_\_

**\$865.85**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Checking**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.4 1	<b>Robert Bros</b> Nonpriority Creditor's Name <b>1616 E Buffalo St. Bolivar, MO 65613</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$120,000.00
		When was the debt incurred? <b>2013</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Contract of Deed</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.4 2	<b>Ronald Taylor</b> Nonpriority Creditor's Name <b>999 Cedarbrook Marshfield, MO 65706</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$2,078.00
		When was the debt incurred? <b>2009</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>judgment-rent</b>		
4.4 3	<b>Security Financial</b> Nonpriority Creditor's Name <b>2801 W. Chestnut Expressway Springfield, MO 65802</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$1,155.00
		When was the debt incurred? <b>2019</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Loan</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.4  
4**Shannon & Stacey Beeler**

Nonpriority Creditor's Name

**8607 St. Hwy. A  
Seymour, MO 65746**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$940.00**When was the debt incurred? **2005**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **judgment-rent**

4.4  
5**Southwest Electric Corp.**

Nonpriority Creditor's Name

**PO Box 150  
Bolivar, MO 65613**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$382.92**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Electric**

4.4  
6**Sprint**

Nonpriority Creditor's Name

**6200 Sprint Parkway  
Overland Park, KS 66251**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$607.70**When was the debt incurred? **2005**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Phone**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.4	<b>Sun Loan Company</b> Nonpriority Creditor's Name <b>2762 S. Campbell Ave.</b> <b>Springfield, MO 65807</b>	Last 4 digits of account number _____	<b>\$1,001.00</b>
7	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <u>2002</u>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
8	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Loan</u>	
4.4	<b>Tempoe, LLC</b> Nonpriority Creditor's Name <b>720 E Pete Rose Way STE 400</b> <b>Cincinnati, OH 45202</b>	Last 4 digits of account number _____	<b>\$2,744.40</b>
9	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <u>2017</u>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
9	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>2 Loans</u>	
4.4	<b>Thompson Gas</b> Nonpriority Creditor's Name <b>904 W Dallas St</b> <b>Buffalo, MO 65622</b>	Last 4 digits of account number _____	<b>\$455.95</b>
9	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <u>2018</u>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
9	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Propane</u>	

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.5 0	<b>Tower Loan</b> Nonpriority Creditor's Name <b>846 MO 32</b> <b>Lebanon, MO 65536</b> Number Street City State Zip Code	<b>Last 4 digits of account number</b> _____ <b>\$672.28</b>
	<b>When was the debt incurred?</b> <b>2013</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Loan</b> <input type="checkbox"/> Yes	
4.5 1	<b>Web Bank/Fingerhut</b> Nonpriority Creditor's Name <b>6250</b> <b>Ridgewood Rd</b> <b>Saint Cloud, MN 56303</b> Number Street City State Zip Code	<b>Last 4 digits of account number</b> _____ <b>\$1,000.00</b>
	<b>When was the debt incurred?</b> <b>2013</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Loan</b> <input type="checkbox"/> Yes	
4.5 2	<b>Windstream Communications</b> Nonpriority Creditor's Name <b>1720 Galleria Blvd.</b> <b>Charlotte, NC 28270</b> Number Street City State Zip Code	<b>Last 4 digits of account number</b> _____ <b>\$714.10</b>
	<b>When was the debt incurred?</b> <b>2012</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Phone/Internet</b> <input type="checkbox"/> Yes	

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

4.5 3	<b>World Finance</b>	Last 4 digits of account number	<b>\$3,336.32</b>
Nonpriority Creditor's Name <b>2760 S. Campbell Springfield, MO 65807</b>		When was the debt incurred?	<b>2019</b>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Other. Specify <b>2 Loans</b>	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**Capital Investment Management**  
**111 Great Neck Rd**  
**Great Neck, NY 11021**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.5** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Convergent Outsourcing**  
**800 SW 39th St**  
**PO Box 9004**  
**Renton, WA 98057**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.30** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Cox Physicians Billing**  
**3555 S National Suite 400**  
**Springfield, MO 65807**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.17** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Credit Collection Services**  
**725 Canton St STE 1**  
**Dept. 9135**  
**Norwood, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.39** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Credit Collection Services**  
**725 Canton St STE 1**  
**Dept. 9135**  
**Norwood, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.36** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Credit Commercial Services**  
**725 Canton St.**  
**Norwood, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.26** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Debbie McGinnis**  
**102 E Broadway St. #6**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.41** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **David Charles Williams, III**  
 Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Bolivar, MO 65613**

Last 4 digits of account number

Name and Address  
**Jefferson Capital Systems**  
**16 McLeland Road**  
**Saint Cloud, MN 56303**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Lowther & Johnson**  
**901 St. Louis Street**  
**20th Floor**  
**Springfield, MO 65806**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**LVNV Funding**  
**205 Bryant Woods**  
**Buffalo, NY 14228**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**LVNV Funding**  
**505 33rd Ave W**  
**Cedar Rapids, IA 52404**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**LVNV Funding**  
**205 Bryant Woods**  
**Buffalo, NY 14228**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**LVNV Funding**  
**205 Bryant Woods**  
**Buffalo, NY 14228**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**National Enterprise Systems**  
**2479 Edison Blvd Suite A**  
**Twinsburg, OH 44087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Portfolio Recovery**  
**PO Box 12914**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**RPM LLC**  
**20816 44th Ave W**  
**Lynnwood, WA 98036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Security Credit Services**  
**PO Box 9009**  
**Renton, WA 98057**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Stellar Recovery**  
**PO Box 1259**  
**Oaks, PA 19456**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

Name and Address

**Transworld**  
**2135 E Primrose**  
**Springfield, MO 65804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Transworld**  
**2135 E Primrose**  
**Springfield, MO 65804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Transworld**  
**2135 E Primrose**  
**Springfield, MO 65804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Transworld**  
**2135 E Primrose**  
**Springfield, MO 65804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Transworld System**  
**2135 E Primrose**  
**Suite Q**  
**Springfield, MO 65804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**TSI**  
**500 Virginia Dr. Suite 514**  
**Fort Washington, PA 19034**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Wakefield & Associates**  
**830 E Platte Ave**  
**Fort Morgan, CO 80701**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Wakefield & Associates**  
**PO Box 58**  
**830 E. Platte Ave. Unit A**  
**Fort Morgan, CO 80701**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations 6a. \$ **0.00**6b. Taxes and certain other debts you owe the government 6b. \$ **0.00**6c. Claims for death or personal injury while you were intoxicated 6c. \$ **0.00**6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ **0.00**6e. Total Priority. Add lines 6a through 6d. 6e. \$ **0.00**

Total

6f. Student loans 6f. \$ **0.00**

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

claims  
from Part 2

6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <b>0.00</b>
6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <b>0.00</b>
6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>330,257.92</b>
6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j. \$ <b>330,257.92</b>

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Robert & Jennifer Schneider 958 E. 420th Rd. Bolivar, MO 65613	Residential Lease month to month no option to purchase

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

**3.2**

Name

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>David Charles Williams, III</u>
Debtor 2 (Spouse, if filing)	<u>Karen Kay Williams</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF MISSOURI</u>
Case number (if known)	_____

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Foreman</u>	<u>CMT</u>
Employer's name	<u>Liming Concrete LLC</u>	<u>Ozark River View Manor</u>
Employer's address	<u>4611 E Farm Road 94</u> <u>Springfield, MO 65803</u>	
How long employed there?	<u>5 years</u>	<u>1 year</u>

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,454.67</u>	\$ <u>2,027.22</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,454.67</u>	\$ <u>2,027.22</u>

Debtor 1 **David Charles Williams, III**  
 Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>	
<b>Copy line 4 here</b> .....	<b>4. \$ 4,454.67</b>	<b>\$ 2,027.22</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>698.58</b>	\$ <b>149.18</b>	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>0.00</b>	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>233.57</b>	\$ <b>0.00</b>	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>0.00</b>	
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>89.53</b>	
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>	
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>	
5h. <b>Other deductions.</b> Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>6. \$ 932.15</b>	<b>\$ 238.71</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$ 3,522.52</b>	<b>\$ 1,788.51</b>	
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>	
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>5.00</b>	
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>0.00</b>	
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>	
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>	
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>	
8h. <b>Other monthly income.</b> Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	<b>9. \$ 0.00</b>	<b>\$ 5.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$ 3,522.52</b>	<b>+ \$ 1,793.51</b>	<b>= \$ 5,316.03</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. <b>\$ 5,316.03</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <b>Debtor 2 is supposed to receive child support arrearages but those amounts are sporadic and can be as little as \$5/month.</b>			
<b>Debtor 1 works concrete and his hours change seasonally.</b>			

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>
Debtor 2	<b>Karen Kay Williams</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>WESTERN DISTRICT OF MISSOURI</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

**Daughter**

**14**

No

Yes

No

Yes

No

Yes

No

Yes

**Son**

**16**

No

Yes

No

Yes

No

Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I).

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **700.00**

##### If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>60.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 **David Charles Williams, III**  
 Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ <b>400.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>0.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>200.00</b>
6d. Other. Specify: _____	6d. \$ <b>0.00</b>

**7. Food and housekeeping supplies**

8. Childcare and children's education costs	8. \$ <b>0.00</b>
---	-------------------

**9. Clothing, laundry, and dry cleaning**

10. Personal care products and services	10. \$ <b>200.00</b>
---	----------------------

**11. Medical and dental expenses**

12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	11. \$ <b>350.00</b>
--	----------------------

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

14. Charitable contributions and religious donations	12. \$ <b>500.00</b>
--	----------------------

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <b>0.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>249.00</b>
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: **Personal Property Taxes** 16. \$ **25.00**

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$ <b>415.00</b>
17b. Car payments for Vehicle 2	17b. \$ <b>0.00</b>
17c. Other. Specify: _____	17c. \$ <b>0.00</b>
17d. Other. Specify: _____	17d. \$ <b>0.00</b>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

19. Other payments you make to support others who do not live with you.	18. \$ <b>0.00</b>
---	--------------------

Specify: 19. \$ **0.00**

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>

**21. Other:** Specify: **Pet Expenses**

<b>school lunches and school activities</b>	21. +\$ <b>100.00</b>
<b>Kid's sports</b>	+\$ <b>65.00</b>
	+\$ <b>150.00</b>

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.	\$ <b>5,294.00</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <b>5,294.00</b>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <b>5,294.00</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <b>5,316.03</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <b>5,294.00</b>

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ <b>22.03</b>
----------------------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ David Charles Williams, III

**David Charles Williams, III**  
Signature of Debtor 1

Date November 27, 2019

/s/ Karen Kay Williams

**Karen Kay Williams**  
Signature of Debtor 2

Date November 27, 2019

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:**

3970 S 115th Rd.  
Bolivar, MO 65613

**Dates Debtor 1  
lived there**

From-To:  
2012 - Feb 2019

**Debtor 2 Prior Address:**

Same as Debtor 1

**Dates Debtor 2  
lived there**

Same as Debtor 1  
From-To:  
2012 - July 2017

From-To:

Same as Debtor 1  
1447 W Lindbergh  
Springfield, MO 65807

Same as Debtor 1  
From-To:  
July 2017 - Nov  
2017

From-To:

Same as Debtor 1  
205 State Road H  
Elkland, MO 65644

Same as Debtor 1  
From-To:  
Nov 2017 -  
August 2018

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$40,191.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$23,833.00</b>
<b>For last calendar year: (January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$41,789.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$23,597.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$31,878.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$25,534.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Child Support</b>	<b>\$360.00</b>		
<b>For last calendar year: (January 1 to December 31, 2018 )</b>	<b>Child Support</b>	<b>\$200.00</b>		
<b>For the calendar year before that: (January 1 to December 31, 2017 )</b>	<b>Child Support</b>	<b>\$200.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?** No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

 No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

**■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Blake Garfit 4912A Steel Loop Fort Campbell, KY 42223	May 2019 - Nov 2019	\$420.00	Unknown	Payments on a lawnmower purchased by son for the use of Debtors. \$60/month.

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Lester E Cox Medical Center v. David Williams et al 19PO-AC00387	civil	Polk County Missouri Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

Creditor Name and Address	Describe the Property	Date	Value of the property
GM Financial 801 Cherry Street Ste. 3500 Fort Worth, TX 76102	Explain what happened Repo - 2017 Chev. Malibu	Sept. 2019	Unknown
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
New Beginnings Church Humansville, MO 65674	\$100/month tithe	Monthly	Unknown

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Son struck another vehicle driving 2005 Chev. silverado	Progressive Insurance - did not cover any repairs to Debtors' vehicle	June 2019	Unknown

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Licata Bankruptcy Firm, P.C. 1442 E. Bradford Parkway Springfield, MO 65804 bankruptcy@licatalawfirm.com N/A	Attorney Fees	7/25/19	\$605.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Telcomm Credit Union 2155 E. Sunshine St. Springfield, MO 65804	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	May 2019	\$50.00

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ David Charles Williams, III

David Charles Williams, III  
Signature of Debtor 1

Date November 27, 2019

/s/ Karen Kay Williams

Karen Kay Williams  
Signature of Debtor 2

Date November 27, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>David Charles Williams, III</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Karen Kay Williams</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:

Central Bank of the Ozarks

name:

Description of property securing debt:

2005 Chevrolet Silverado

237,000 miles

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]:

### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

#### Describe your unexpired personal property leases

#### Will the lease be assumed?

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

Description of leased  
Property:

No

Yes

Lessor's name:

No

Description of leased  
Property:

Yes

**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

**X /s/ David Charles Williams, III**

**David Charles Williams, III**

Signature of Debtor 1

**X /s/ Karen Kay Williams**

**Karen Kay Williams**

Signature of Debtor 2

Date

**November 27, 2019**

Date

**November 27, 2019**

Fill in this information to identify your case:

Debtor 1 David Charles Williams, III  
 Debtor 2 Karen Kay Williams  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: Western District of Missouri  
 Case number (if known) \_\_\_\_\_

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
  - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 3,967.94	\$ 2,151.10
\$ 0.00	\$ 0.00
\$ 0.00	\$ 34.17

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession, or farm

#### Debtor 1

Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from a business, profession, or farm	\$ 0.00 Copy here -> \$ 0.00

6. Net income from rental and other real property

#### Debtor 1

Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00 Copy here -> \$ 0.00

7. Interest, dividends, and royalties

Debtor 1  
Debtor 2

**David Charles Williams, III**  
**Karen Kay Williams**

Case number (if known) \_\_\_\_\_

**Column A  
Debtor 1**

**Column B  
Debtor 2 or  
non-filing spouse**

**8. Unemployment compensation**

\$ **0.00**

\$ **0.00**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
For your spouse ..... \$ **0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00** \$ **0.00**

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ **0.00** \$ **0.00**

\$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

**+ \$ 0.00** \$ **0.00**

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **3,967.94** + \$ **2,185.27** = \$ **6,153.21**

Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **6,153.21**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

**x 12**  
12b. \$ **73,838.52**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**MO**

Fill in the number of people in your household.

**4**

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ **90,489.00**

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.  
Go to Part 3.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.  
Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ David Charles Williams, III**  
**David Charles Williams, III**  
Signature of Debtor 1

**X /s/ Karen Kay Williams**  
**Karen Kay Williams**  
Signature of Debtor 2

Debtor 1  
Debtor 2

**David Charles Williams, III**  
**Karen Kay Williams**

Case number (if known) \_\_\_\_\_

Date **November 27, 2019**  
MM / DD / YYYY

Date **November 27, 2019**  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period **05/01/2019** to **10/31/2019**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Wages**

Year-to-Date Income:

Starting Year-to-Date Income: **\$12,897.97** from check dated **4/30/2019**.

Ending Year-to-Date Income: **\$36,705.58** from check dated **10/31/2019**.

Income for six-month period (Ending-Starting): **\$23,807.61**.

Average Monthly Income: **\$3,967.94**.

Debtor 1 **David Charles Williams, III**  
Debtor 2 **Karen Kay Williams**

Case number (if known) \_\_\_\_\_

### Current Monthly Income Details for the Debtor's Spouse

#### Spouse Income Details:

Income for the Period **05/01/2019** to **10/31/2019**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Wages**

Year-to-Date Income:

Starting Year-to-Date Income: **\$8,754.98** from check dated **4/30/2019**.

Ending Year-to-Date Income: **\$21,661.60** from check dated **10/31/2019**.

Income for six-month period (Ending-Starting): **\$12,906.62**.

Average Monthly Income: **\$2,151.10**.

#### Line 4 - Child support income (including foster care and disability)

Source of Income: **CS**

Income by Month:

6 Months Ago:	<u><b>05/2019</b></u>	<u><b>\$50.00</b></u>
5 Months Ago:	<u><b>06/2019</b></u>	<u><b>\$50.00</b></u>
4 Months Ago:	<u><b>07/2019</b></u>	<u><b>\$50.00</b></u>
3 Months Ago:	<u><b>08/2019</b></u>	<u><b>\$50.00</b></u>
2 Months Ago:	<u><b>09/2019</b></u>	<u><b>\$0.00</b></u>
Last Month:	<u><b>10/2019</b></u>	<u><b>\$5.00</b></u>
Average per month:		<u><b>\$34.17</b></u>